PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09715305 / 1479, 2075-000

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			43		374 (47)		ſ	RATE	FEE		RATE	FEE
*FOR			NUMBER FILED		NUMBI	ER EXTRA	Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			#3 minus 20=		*23			X\$ 9=		OR	X\$18=	414.00
INDEPENDENT CLAIMS			3 minus 3 =		. 0		Ī	X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	1,12450
CLAIMS AS AMENDED - PART I (Column 1) (Column						(Column 2)		SMALL E	NTITY	OR	OTHER SMALL I	
	1	(Column 1) CLAIMS	52328787	HIGH		(Column 3)	ı		ADDI-			ADDI-
AMENDMENT A	g., Apr	REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	_	=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CLAIM	=		X40=		OR	X80=	
	rinoi Phese	NIATION OF W	OLTIFLE DEF	LINDLIA	TOLANI		1	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		NODII. I EE I		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B	外 (数)	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	ENDEN	1 CLAIM	<u> </u>	¹ [+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)	4					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	1
	Independent	*	Minus	***	IT OL ALL	<u> -</u>	4 [X40=		OR	X80=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDEN						┛┃	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***	'If the "Highest Nu The "Highest Nun	mber Previously F nber Previously Pa	Paid For" IN THI aid For" (Total o	S SPACE r Indepen	is less the dent) is the	an 3, enter "3." e highest numb		·	propriate bo	x in co	olumn 1.	